

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 96-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 8565	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Weldon S North P.O. Box, Bldg., Room No., if any 54310 Street City Tulsa State Oklahoma ZIP Code + 4 74155-0310	4. Name, file number, and address of labor organization. Name Pipeliners Local Union 798 Labor Organization File Number 029-826 P.O. Box, Building and Room Number, if any 470798 Street 4823 S 83rd E Ave City Tulsa State Oklahoma ZIP Code + 4 74145-6909
5. Position in labor organization. Business Manager/Financial Sec-Trea	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed W. Scott North

On Aug 11 05 Date 918 622-1900 Telephone Number

Name of Person Filing Weldon North

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Matt Robbins

Trade Name, if any: Previant, Goldberg, Uelman

P.O. Box, Bldg., Room No., if any

Street 1555 North River Center Dr., Ste 20

City Milwaukee

State Wisconsin ZIP Code + 4 53212

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

Local 798 Attorney

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Usinger's Sausage Gift Pack

12.b. Amount.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.
	\$25

Part B Continuation Page

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: Spirit Bank & Trust Co Of OklahomaP.O. Box, Bldg., Room No., if any Street 4815 S HarvardCity TulsaState Oklahoma ZIP Code + 4 74135

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Banking Services

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Gift - Gift Basket

12.b. Amount.

\$75

Name of Person Filing Weldon North

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Dennis VaughnTrade Name, If any: Rich and Cartmill, Inc

P.O. Box, Bldg., Room No., If any _____

Street 1336 East 27th StreetCity TulsaState Oklahoma ZIP Code + 4 74114

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, If any: _____

P.O. Box, Bldg., Room No., If any _____

Street: _____

City: _____

State: _____

ZIP Code + 4: _____

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

11.a. Nature of such dealing.

Auto and Building Insurance

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Gift - Hillbilly Smokehouse Turkey

12.b. Amount.

\$30

Name of Person Filing Weldon North	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Louis L. Robein, Jr."/></p> <p>Trade Name, if any <input type="text" value="Robein, Urann & Lurye"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="6768"/></p> <p>Street <input type="text" value="12540 Severn Ave., Suite 400"/></p> <p>City <input type="text" value="Metairie"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70082"/></p>	
<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	
<p>11.a. Nature of such dealing.</p> <p>Attorney for Pipeline Industry Benefit Fund</p>	
<p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift</p>	
<p>12.b. Amount</p> <p>\$17</p>	

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8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Gift - Book

12.b. Amount.

\$25